

Natural Resources and Environmental Protection Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

REGISTERED PERMIT-BY-RULE BENEFICIAL RE-USE DEP 7059F (1/96)

GENERAL INSTRUCTIONS

1. **APPLICABILITY** - This registration form must be completed and submitted to the Cabinet by persons who propose to beneficially re-use special waste.
2. **PREPARATION** - Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address provided above, or by calling (502) 564-6716.
3. **SUBMISSION** - Please type or print legibly. Complete all sections of the registration, however, if an item is not applicable to your facility write "N/A" for not applicable in the space provided. Submit the original and three (3) copies of the completed registration form to the Division of Waste Management at the address noted above.
4. **LAWS AND REGULATIONS** - Registrants are expected to understand and comply with all laws and regulations applicable to beneficial re-use of special waste.

**REGISTERED PERMIT-BY-RULE
BENEFICIAL RE-USE**

REGISTRATION NUMBER: _____ (FOR AGENCY USE ONLY)

1. FACILITY REGISTRATION

a. Name of Facility _____

b. Address _____

City _____ State _____ Zip Code _____

c. Phone Number(_____) _____

d. Contact Person at Facility _____

e. Provide the following information concerning the person preparing this registration if different from contact person named above.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(_____) _____

f. Designate the individual to whom correspondence concerning this registration should be addressed:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number(_____) _____

2. List the source(s) of the special waste to be beneficially re-used. If more space is necessary, use additional sheets and label as **Attachment 1**.

3. Provide, as **Attachment 2a**, a description of the type and anticipated volume of special waste received.

4. Provide, as **Attachment 2b**, the actual laboratory TCLP analyses for each type of special waste to beneficially re-used.

NOTE: If there is any change in the technique, procedure or source of material in the production of special waste, the registrant shall re-test the waste and submit new laboratory TCLP analyses for each type of special waste.

5. Provide, as Attachment 3, a description of how the special waste is to be beneficially re-used.
6. Provide, as **Attachment 4**, a description of how the environmental performance standards of 401 KAR 30:031 will be achieved in re-using the special waste.
7. Provide, as **Attachment 5**, a copy of the form to be used to maintain a record of the special waste sources, types and amounts received and processes under this registration. The form shall be utilized for quarterly reports submitted to the Cabinet. The Cabinet may modify the proposed form if necessary.

Certification:

“I certify that this document and all attachments were prepared under my direction or supervision. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete.”

Significant of Authorized Agent_____Date_____

Name of Authorized Agent_____
(Type or Print)

Title_____

Subscribed and sworn to before me by_____

this the_____day of_____, 19_____.

Notary Public Signature_____

My Commission Expires_____

